



01-14-04

GAU 3729

Post Mail Label No. EV 346844117 US

Date of Deposit: January 12, 2004

Patent

Attorney's Docket No. 018190-308

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)

Mike Carlomagno et al.)

Application No.: 10/053,252)

Filed: November 2, 2001)

For: RETRACTABLE VACUUM TUBE FOR)
POSITIONING ELECTRONIC)
COMPONENTS ON PRINTED CIRCUIT)
BOARDS)

Group Art Unit: 3729

Examiner: Rick Kiltae Chang

Confirmation No.: 6069

TECHNOLOGY CENTER R3700

JAN 20 2004

RECEIVED

RESPONSE TO RESTRICTION REQUIREMENT TRANSMITTAL LETTER

MAIL STOP RESTRICTION REQUIREMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Enclosed is a Response to Restriction Requirement for the above-identified patent application.

☐ A Petition for Extension of Time is also enclosed.

☐ A Terminal Disclaimer and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.

☒ Also enclosed is/are Return Postcard.

☐ Small entity status is hereby claimed.

☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 (2801) ☐ \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.

☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.

- ☐ Applicant(s) requests suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

| A M E N D E D C L A I M S | | | | | |
|--|---------------|---|--------------|--------------------|-----------|
| | No. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADD'L FEE |
| Total Claims | | MINUS = | | × \$18.00 (1202) = | 0 |
| Independent Claims | | MINUS = | | × \$86.00 (1201) = | 0 |
| If Amendment adds multiple dependent claims, add \$290.00 (1203) | | | | | 0 |
| Total Claim Amendment Fee | | | | | 0 |
| If small entity status is claimed, subtract 50% of Total Claim Amendment Fee | | | | | 0 |
| TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT | | | | | \$0.00 |

- ☐ A check in the amount of \$_____ is enclosed for the fee due.
- ☐ Charge \$_____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: January 12, 2004

By: David R. Heckadon
David R. Heckadon
Registration No. 50,184

P.O. Box 1404
Alexandria, Virginia 22313-1404
(650) 622-2300